CCL. 305 Rev. 3/2017

Kansas Department of Health and EnvironmentBureau of Child Care and Health Facilities

Bureau of Child Care and Health Facilities Child Care Licensing Program 1000 SW Jackson Street, Suite 200

Topeka, KS 66612-1274 Phone: 785 296-1270 Fax: 785 559-4244

Website: www.kdheks.gov/kidsnet

Immunization Report Form

Check One: _	License	d Day Care H	lome _	Grou	Group Day Care Home Child Care Center					Preschool		Head Start	
	ber:												
	acility:		<u>_</u>	, ,	,		,						
Street					City				Zip Code		C	County	
Instruction	s: List the initial			nrolled. Writ	e the mon			YYYY) of ea	ch immunizat	ion complete	d in each ser	ies in the box	
	Initials Date of Birth												
	Exemption? (please check)	☐ Medical ☐ Religious	☐ Medical ☐ Religious	☐ Medical ☐ Religious	☐ Medical☐ Religious	☐ Medical☐ Religious	☐ Medical☐ Religious	☐ Medical ☐ Religious					
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	2												
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	4												
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>	1												
VqI/Vq0	2												
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MMR	2												
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HEPB	4												
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岩	3												
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VAR	2												
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PCV7	3												
	4												
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쓮	2												
工	2											1	

